

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004512

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 19 1962 318

1003

580

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>Spanish Lake</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Lukes Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>12001 Bellefontaine Road</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK PAUL SELVAGGIO</u>		4. DATE OF DEATH Month Day Year <u>1-13-1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-19-1894</u>
9. AGE (last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>ITALY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Selvaggio</u>		13b. MOTHER'S MAIDEN NAME <u>PROVANDENZA ALFANO</u>	
14. NAME OF HUSBAND OR WIFE <u>Virginia Selvaggio</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Virginia Selvaggio</u>		17. ADDRESS <u>12001 Bellefontaine Rd</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PERIPHERAL VASCULAR COLLAPSE</u> DUE TO (b) <u>PROBABLE PULMONARY EMBOLUS</u> DUE TO (c) <u>CONVALESCENCE FROM LEFT LOWER LOBECTOMY (OF LUNG)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS.</u> <u>36 HRS.</u> <u>8 DAYS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>RECENT LUNG OPERATION FOR CANCER OF LUNG</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>163X</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12/29/61</u> to <u>1/13/62</u> and last saw her alive on <u>1/13/62 12 AM</u> Death occurred at <u>9</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard W. Gore M.D.</u>		22b. ADDRESS <u>52 MARYLAND PHAZA (8)</u>	
22c. DATE SIGNED <u>1/14/62</u>		23. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
23a. BURNAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-16-62</u>	
23c. LOCATION (City, town, or county) <u>ST. Louis</u>		23d. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Chelaine Knecht-Kroe</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 15 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		27. ADDRESS <u>12001 Bellefontaine Rd</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.